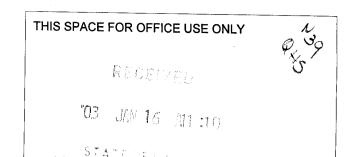


## **HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)							
PART I LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
Nakamoto,	Craig	K. 532-6167					
MAILING ADDRESS (Street)			FAX 532-6168				
1099 Alakea Street, Suite 1100		ĺ					
(City)	(State)	(Zip Code)					
Honolulu,	Hawaii	9681	96813				
EMPLOYING ORGANIZATION (Fill in only if you	u are employed by a business entity which	has been retained to lobby)	TELEPHONE				
MAILING ADDRESS (Street)			FAX				
(City)	(State)	(Zip C	Code)				

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (DO NOT ABBREVIATE)		TELEPHONE 532-6100		
The Queen's Health Systems				
MAILING ADDRESS (Street)		FAX		
1099 Alakea Street, Suite 1100				
(City)	(State)	(Zip Code)		
Honolulu,	Hawaii	96813		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE 532-6116		
Francis D. Fraher				
MAILING ADDRESS (Street)		FAX 535-8760		
1099 Alakea Street, Suite 1100				
(City)	(State)	(Zip Code)		
Honolulu	Hawaii	96813		

PAR	T III DESCRIPT	ION OF SUBJECTS UPON WH	ICH YO	U EXPECT TO LOBBY	,		
	Agriculture	[ ] Education	[]	Human Services	[ ]	Science, Technology &	
[ ]	Communications & Public Utilities	[ ] Government Operations & Finance	[ ]	Intergovernmental Relations	s, []	Economic Development  Tourism & Recreation	
[1]	Consumer Protection	[ ] Hawaiian Affairs	ſ 1	International Affairs  Labor & Employment	•		
	& Commerce Culture, Arts, Historic	[X] Health			[]	Transportation	
	Preservation	[ ] Housing	[ ]	Planning, Land & Water Use Management	[]	Other: (indicate below)	
[ ]	Ecology, Energy Environmental Protection	• • • • • • • • • • • • • • • • • • • •	[]	Public Safety & Corrections			
PAR	T.W. OFDTIEIOA	7101105110551105					
PAR		TION OF LOBBYIST	- , - ,				
	i nereby ceruiy ina	nt the information furnished abov	e is, to t	he best of my knowledg	je, corre	ct and complete.	
	(	Cray K. halia		JAN	-8 2	UUS	
i		(Signature of Lobbyist)	~ ~				
L		(Cignatare of Eddbylst)				(Date) 01/08/03	
PAR	T V AUTHORIZA	ATION TO LOBBY					
NAME		ATION TO LOBBY	TITI	E OF AUTHORIZING OFFI	0ED 0D =		
	_		1111	E OF AUTHORIZING OFFI	CER OR F	PERSON REPRESENTED	
Gary .	A. Okamoto	President and CEO					
NANAS	OF OPPOANUTATION						
NAME	OF ORGANIZATION (	(if applicable)			TELEPHONE 532-6100		
The C	∖ueen's Health Systems	3					
MAILI	NG ADDRESS (Street)				FAX 535-8733		
1099	Alakea Street, Suite 110	00					
	(City)	(State)		(Zip Co	ode)		
Honol		Hawaii	Hawaii 96813				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.							
al. () A ()/							
l	(*W (6)	ignature of Authorizing Officer or Perso	Donroo			(Date) 01/08/03	